

**Fraternal Order of Police
Northern Colorado Lodge #3
Fort Collins Police Services Members Only**

TO: City of Fort Collins, Payroll Division

FROM: Last Name _____ First _____ Middle _____

EMPLOYEE PAYROLL ADDRESS: (Number obtained from your pay stub) _____

REF: Fort Collins Police Services Bargaining Unit Payroll Dues Deductions

DATE: _____

I am a member of the Northern Colorado Fraternal Order of Police, Lodge #3 (F.O.P) and request and authorize the City of Fort Collins to deduct from my paycheck \$65 each month for payment for my F.O.P dues.

I am not a member of the Northern Colorado Fraternal Order of Police, Lodge #3 (F.O.P). I voluntarily request and authorize the City of Fort Collins to deduct from my paycheck \$20 each month for payment of my fair share of Bargaining Unit expenses.

I understand this authorization is revocable and I must provide not less than 14 days advance written notice to the City's Payroll Division and to F.O.P of my desire to terminate this payroll deduction. I further understand these dues shall be deducted from the second paycheck of each month and shall be applied to my membership or fair share for the following month.

I hereby release and hold harmless to City of Fort Collins, its officers, officials and employees from any errors or omissions in conducting this payroll deduction process. Any shortages, overpayments or membership disputes are my responsibility to resolve with the F.O.P.

I understand the City will provide the F.O.P. a notice containing my name and the amount of the dues paid.

This request and authorization is effective the second paycheck in: _____.

Employee signature _____

Office use only

Date Received: _____

Received by: _____

Original: City of Fort Collins, Payroll Division- Copy: to F.O.P Lodge #3